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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

| Application Number | 10/602750 | |
|------------------------|---------------|--|
| Filing Date | June 24, 2003 | |
| First Named Inventor | | |
| Art Unit | | |
| Examiner Name | | |
| Attorney Docket Number | 17333 | |

| P.O. | missioner fo Box 1450 andria, VA 2 | | | | | | |
|---|--|--|-------|------------------|--------------------------------------|--|--|
| Please withdraw me as attorney or agent for the above identified patent application, and | | | | | | | |
| all the attorneys/agents of record. | | | | | | | |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or | | | | | | | |
| the attorneys/agents associated with Customer Number | | | | | | | |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number. | | | | | | | |
| The reasons for this request are: I no longer legally represent the assignee. | | | | | | | |
| | | | | | | | |
| CORRESPONDENCE ADDRESS | | | | | | | |
| The correspondence address is NOT affected by this withdrawal. | | | | | | | |
| | • | · | | andence to: | | | |
| 2. Change the correspondence address and direct all future correspondence to: | | | | | | | |
| The address associated with Customer Number: | | | | | | | |
| OR | | | | | | | |
| | m <i>or</i> lividual Name | | | | | | |
| Address | | | | | | | |
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| City | | | State | | Zip | | |
| Country | | | | | | | |
| Telephone | | | | Email | | | |
| Signature | /Stephen Micha | el Patton #36,235/ | | | | | |
| Name | Stephen Micha | el Patton | | Registration No. | 36,235 | | |
| Date | 01-09-2006 | | | Telephone No. | 309-765-5543 | | |
| | | hen approved rather than when received. e or possible extension period, the reques | | | val of withdrawal and the expiration | | |

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